P.O. Box 12070 RECEIVED CANDIDATE / OFFICEHOLDERTY OF SAN ANTONIO FORM C/OH CAMPAIGN FINANCE REPORT CITY CLERK COVER SHEET PG 1 2003 JAN - 6 PM 3: 1 ACCOUNT# (Ethics Commission filers) 2 Total pages filed: The C/OH INSTRUCTION GUIDE explains how to complete this form. 1 FIRST 3 CANDIDATE/ TITLE OFFICE USE ONLY OFFICEHOLDER NAME Mark Mr. Date Received NICKNAME SUFFIX Richardson ADDRESS / PO BOX; APT / SUITE #, CANDIDATE / ZIP CODE OFFICEHOLDER 6101 Whitby Rd., Ste#212, SA.TX.78240 **ADDRESS** Date Hand-delivered or Date Postmarked Change of Address TITLE FIRST М **CAMPAIGN TREASURER** В. Mr. Mark Receipt # Amount NAME NICKNAME LAST SUFFIX **Date Processed** Richardson Jr. Date Imaged CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: ZIP CODE TREASURER ADDRESS 6101 Whitby Rd., #212, SA.TX.78240 (Residence or business) PHONE NUMBER EXTENSION **CAMPAIGN** AREA CODE TREASURER PHONE (210)691-5232 8 REPORT TYPE 15th day after campaign treasurer January 15 30th day before election Runoff appointment (officeholder only) Exceeded \$500 limit Final report (Attach C/OH - FR) July 15 8th day before election Day PERIOD THROUGH COVERED 12 /30 /02 31 /02 **ELECTION DATE** ELECTION TYPE 10 ELECTION Special Primary Runoff 03 5 OFFICE SOUGHT (if known) Mayor of San Antonio 11 OFFICE OFFICE HELD (if any) 13 NOTICE .. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. OF DIRECT Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **CAMPAIGN EXPENDITURE** BY OTHER **INDIVIDUALS** Address / PO Box; Apt. / Suite #; City, State: Zip Code additional pages **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

	SUPPORT	& IOIAL		COVER SHEET PG 2
14	C/OH NAME Mark Richardson			15 ACCOUNT #(Ethics Commission filers)
16	16 NOTICE FROM POLITICAL COMMITTEE(S) This box is for notice of political expenditures by political committees to support the candidate / officeholder. The may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders a this information only if they receive notice of such expenditures.			
	COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
		GENERAL	COMMITTEE ADDRESS	
		SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
	additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17	NO REPORTABLE ACTIVITY	Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)		
18	CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
		2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$		\$
•	EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR L		OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$ 0
4. TOTAL POLITICAL EXPEN		4. TOTAL	POLITICAL EXPENDITURES	\$ 0
	OUTSTANDING LOAN TOTALS	5. TOTAL F LAST DA	\$ 0	
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Capitidate or Officeholder Syprification and subscribed before me, by the said AFFIX NOTATION 1997 ABOVE Sworn to and subscribed before me, by the said AFFIX NOTATION 1997 ABOVE Sworn to and subscribed before me, by the said AFFIX NOTATION 1997 ABOVE Sworn to and subscribed before me, by the said AFFIX NOTATION 1997 ABOVE Sworn to and subscribed before me, by the said AFFIX NOTATION 1997 ABOVE Sworn to and subscribed before me, by the said AFFIX NOTATION 1997 ABOVE Sworn to and subscribed before me, by the said AFFIX NOTATION 1997 ABOVE Sworn to and subscribed before me, by the said AFFIX NOTATION 1997 ABOVE Sworn to and subscribed before me, by the said AFFIX NOTATION 1997 ABOVE Sworn to and subscribed before me, by the said AFFIX NOTATION 1997 ABOVE Sworn to and subscribed before me, by the said AFFIX NOTATION 1997 ABOVE SWORN 1997 ABOVE SWORN 1997 ABOVE SWORN 1997 ABOVE SWORN 1997 ABOVE AFFIX NOTATION 1997 ABOVE SWORN 19				formation required to be reported by date or Officeholder
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				